MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-013479
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 849

DO NOT WRITE ON THIS STUB

AMENDED F

FILED MAR 19 1962

VS 300
Rev. 4/59

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DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights
Length of stay in 1b: 1 Week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Marys Hospt
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St.Louis
c. CITY OR TOWN: Wellston
Inside Limits: Yes ☐ No XX
d. STREET ADDRESS (If outside, give location): 6310 Page Ave.
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First Walter Middle M Last Gillies

4. DATE OF DEATH: Month Day Year: 3-10-62

5. SEX: Male

6. COLOR OR RACE: White

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6-11-1883

9. AGE (last birthday): 78

IF UNDER 1 YEAR / IF UNDER 24 HR: Months | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Emp.

10b. KIND OF BUSINESS OR INDUSTRY: Gardner

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Ebenzer Gillies

13b. MOTHER'S MAIDEN NAME: Mathilda Metcalfe

14. NAME OF HUSBAND OR WIFE: Estella Gillies

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: ***********

17. INFORMANT Address: Estella Gillies 6310 Page Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:)

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Cerebral Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cerebral Arteriosclerosis 4 yrs

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/13/1955 to 3/10/62 and last saw him alive on 3/9/62

Death occurred at 6:00a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Malcolm B. Bowell M.D.

22b. ADDRESS: 4660 Maryland

22c. DATE SIGNED: 3/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-13-62

23c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis Co.Missouri

24. FUNERAL DIRECTOR ADDRESS: J.W.Clark F.H.1125 Hodiamont Ave.

25. DATE RECD. BY LOCAL REG.: 3-12-62

26. REGISTRAR'S SIGNATURE: John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

4660 Maryland

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No. __________

working under my personal supervision.

Student ______________________________ Signed Wm Willenbrink

Signature of Student Embalmer

Licensed Embalmer No. 4511

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.